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| Case Number: | CM14-0026874 | | |
| Date Assigned: | 03/05/2014 | Date of Injury: | 08/19/2013 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 03/04/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 60-year-old female who was injured in a work related accident on August 19, 2013. The clinical records indicate the claimant injured both her knee and shoulder secondary to a fall. Recent clinical orthopedic assessment of December 10, 2013 indicated follow-up of right shoulder complaints describing restricted right shoulder range of motion with positive impingement, Hawkins testing and an MRI scan from September showing partial thickness supraspinatus tendon tearing and acromioclavicular joint degenerative change. Modified light duty was recommended at that time. There is documentation of treatment with medications including Tramadol since time of injury. There is a specific request for topical Terocin cream as well as recommendations for continued occupation therapy for twelve additional sessions given the claimant's underlying current diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OCCUPATIONAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Rotator cuff syndrome/Impingement syndrome, Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Guidelines, continuation of formal physical therapy for twelve additional sessions would not be indicated. CA MTUS recommended physical medicine for conditions of myalgia and myositis, neuralgia, neuritis, and radiculitis. The claimant is now several months from time of injury having already undergone a course of physical therapy. Without documentation of recent change in clinical symptoms, it would be unclear as to why transition to an aggressive home exercise program could not occur or would be more appropriate at this stage in clinical course. This specific request would not be indicated.

PRESCRIPTION OF TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 91-94. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Rotator cuff syndrome/Impingement syndrome, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, OPIOIDS Page(s): 91-94.

Decision rationale: In the chronic setting Tramadol has not been noted to be effective beyond sixteen weeks of use. Its use, per studies, beyond that period of time is noted to be limited. Given the claimant's current diagnosis of inflammatory changes to the shoulder, the ongoing use of this non narcotic analgesic given the timeframe from injury would not be indicated.

PRESCRIPTION OF TEROGIN PATCH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Rotator cuff syndrome/Impingement syndrome, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terogin contains, amongst other agents, Capsaicin, which is only recommended in individuals who are not responsive to or are intolerant to other forms of treatment. The clinical records in this case, while indicating use of Tramadol and physical therapy, indicate no other evidence of first-line agents for treatment of the claimant's shoulder related condition including non steroidal medications or home exercises. The continued role of this topical agent at this chronic stage in the claimant's clinical course of care would not be supported.